

Neighborhood Coordinator:	
Phone Number:	

	dersigned property owners/lessees on	(street name) and		_ (street n
req	uest that the city (check one)	,		_ `
	<ul> <li>□ initiate a traffic calming study</li> <li>□ appeal the city manager's decision to the city manager is decision to the city manager.</li> </ul>	ne city council		
	☐ modify a traffic calming plan		and the second and	
ng e o	this petition, we certify that we have read at f the listed addresses.	nd understood the policy and i	nstructions regarding this petition and that we are a p	property o
	Signature	_	Signature	_
	Printed Name	_	Printed Name	_
	Address	=	Address	_
	Phone	_	Phone	_
	Date	_	Date	_
	Statement (optional)	-	Statement (optional)	_
	Signature	-	Signature	_
	Printed Name	_	Printed Name	_
	Address	_	Address	_
	Phone	_	Phone	
	Date	-	Date	_
	Statement (optional)	-	Statement (optional)	_
	Signature	-	Signature	_
	Printed Name	_	Printed Name	_
	Address	_	Address	_
	Phone	_	Phone	_
	Date	-	Date	_
	Statement (optional)	-	Statement (optional)	_
	Signature	-	Signature	_
	Printed Name	_	Printed Name	_
	Address	-	Address	_
	Phone	_	Phone	_
	Date	-	Date	_
	Statement (optional)	_	Statement (optional)	_
	Signature	-	Signature	_
	Printed Name	-	Printed Name	_
	Address	_	Address	_
	Phone	_	Phone	_
	Date	_	Date	_

Statement (optional)

Statement (optional)